

Client Financial Statement

Please enter a response for each question, print neatly, and use blue ink. Each person requesting a court appointed attorney must complete this form.

Name: _____
 (First) (MI) (Last)

Spouse/Live-in Name: _____
 (First) (MI) (Last)

Social Security Number: _____ -- ____ -- ____

Social Security Number: _____ -- ____ -- ____

Date of Birth: ____ / ____ / ____

Date of Birth: ____ / ____ / ____

Biological Parent to Child(ren): YES NO

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone number where you can be contacted:
 (____) ____ - ____ or (____) ____ - ____

Marital Status: Single Married Separated

List each child/juvenile involved in this proceeding:

Name of Child/Juvenile: (First, MI, Last Name)	Date of Birth	Your Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other – Please explain: _____	Was the child living with you prior to involvement with the Juvenile Officer? <input type="checkbox"/> YES <input type="checkbox"/> NO	If the child was not living with you, how often did you have contact with the child and what type of contact?
		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other – Please explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other – Please explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other – Please explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other – Please explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other – Please explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Name, Age, and Relationship of any other children you support:

Household Income and Assets

Requesting Party Information

Employer: _____

Address: _____

Phone: (____) ____ - ____

If Not Employed:
 Reason unemployed: _____

Length of unemployment: _____

Spouse/Live-in Information

Employer: _____

Address: _____

Phone: (____) ____ - ____

If Not Employed:
 Reason unemployed: _____

Length of unemployment: _____

Gross Monthly Salary (before Taxes) \$ _____

Do you receive any of the following for yourself or the child(ren)? If yes, monthly amount:

AFDC/TANF YES NO \$ _____

Food Stamps YES NO \$ _____

Unemployment Benefits YES NO \$ _____

Social Security Benefits YES NO \$ _____

Veterans Assistance YES NO \$ _____

Any Other Welfare YES NO \$ _____

Other Income – Specify YES NO \$ _____

Total Monthly Income: \$ _____

Gross Monthly Salary (before Taxes) \$ _____

Do you receive any of the following for yourself or the child(ren)? If yes, monthly amount:

AFDC/TANF YES NO \$ _____

Food Stamps YES NO \$ _____

Unemployment Benefits YES NO \$ _____

Social Security Benefits YES NO \$ _____

Veterans Assistance YES NO \$ _____

Any Other Welfare YES NO \$ _____

Other Income – Specify YES NO \$ _____

Total Monthly Income: \$ _____

Checking/Savings Accounts: Checking – Amount in account: \$ _____ Bank: _____
 (Joint or Individual) Savings – Amount in account: \$ _____ Bank: _____

Automobiles: Year: _____ Make/Model: _____
 Year: _____ Make/Model: _____

Real Estate Owned (Describe and list Property Value: _____)

Other Property or Assets (Describe and List Value): _____

Monthly Expenses		Misc. Information	
List Expense	Amount	What amount can you contribute to the cost payment for a Court-Appointed Attorney?	\$ _____
Rent/Mortgage	\$ _____		
Car Payment	\$ _____	Have you ever been or are you currently represented by an attorney? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name of attorney and date of representation: _____	
Auto Insurance	\$ _____		
Food	\$ _____	What other relevant information should the court consider concerning your income and expenses in determining whether you are eligible for a Court-Appointed Attorney?	
Clothing	\$ _____		
	\$ _____		
	\$ _____		
	\$ _____		
	\$ _____		
	\$ _____		
	\$ _____		
	\$ _____		
Total Monthly Expenses	\$ _____		

Reason for Request

I am the parent, guardian, or custodian of the above-name child(ren) and request appointment of counsel for the following reason(s):

You must sign and date this form and return to the Juvenile Officer.

I, _____, attest all information contained herein is true and correct.

Applicant Signature: _____ Date: _____